

Let's Make Healthy
Change Happen.



Quality Improvement Plan (QIP) Narrative for Health Care Organizations in Ontario



3/31/2023

This document is intended to provide health care organizations in Ontario with guidance as to how they can develop a Quality Improvement Plan. While much effort and care has gone into preparing this document, this document should not be relied on as legal advice and organizations should consult with their legal, governance and other relevant advisors as appropriate in preparing their quality improvement plans. Furthermore, organizations are free to design their own public quality improvement plans using alternative formats and contents, provided that they submit a version of their quality improvement plan to Health Quality Ontario (if required) in the format described herein.

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Overview

Working Together to Build a Healthier Community

Brant Community Healthcare System (BCHS) is a large, two-site community healthcare system serving Brantford, Brant County, Six Nations of the Grand River, Mississauga’s of the Credit First Nation and surrounding communities. With a total of 324 beds, the BCHS is an affiliated teaching site of McMaster University Michael G. DeGroote School of Medicine. Brantford General Hospital is a regional acute health centre and the Willett site provides urgent care and ambulatory services.

At BCHS, we are *working together to build a healthier community*. Our vision is to provide exceptional care by exceptional people, grounded through our “CARE” values of compassion, accountability, respect and equity.

Over the last two years, like all hospitals in Ontario and the entire health care sector, BCHS faced some of the toughest challenges we have had to endure as we fought the COVID-19 pandemic. Although we faced adversity, we rose to the challenge – attempting to strike the right balance between managing daily operations and care services for patients, moving our strategic priorities forward and ensuring the health and wellness of our very own people.

Despite the challenges of the COVID pandemic, BCHS has made several notable accomplishments. During the pandemic, we opened a Clinical Assessment Centre—providing testing, assessment, and therapeutics to the community. We also administered critical vaccinations – supporting the health and safety of our community. We continue to care for patients experiencing COVID daily, along with other emerging respiratory viruses. We have made significant progress on our master planning and Emergency Department redevelopment work, including the acquisition of a new CT scanner.

BCHS has also been focused on building partnerships that enhance quality and safety. Some of these partnerships include: the Brantford Brant Norfolk Ontario Health Team, launching the Let’s Go Home Program, and partnering with of Rocket Doctor, providing patients a virtual alternative option to the Emergency department (ED), while still providing access to appropriate health services.

BCHS is a high performing health care organization that is responding to the community’s exponential growth, increasing demands and expectations for health care services. As we move forward towards pandemic recovery with a focus on our health care workers, along with the ongoing implementation of our 2020-2025 strategic plan– advancing quality and safety will continue to play a key role.

A full service community hospital system, BCHS offers health programming in the following areas:

Brantford General Hospital		
Emergency Care	Indigenous Medicine	Neonatal Intensive Care
Cancer Treatments	Integrated Stroke Unit	Palliative Care
Complex Care	Inpatient Rehabilitation	Pediatrics
Diagnostic Imaging	Laboratory Medicine	Pharmacy
Geriatric Services	Medicine	Surgery
Labour & Delivery	Mental Health	
The Willett, Paris		
Urgent Care		
Post-Acute Care Beds		

Table 1.0: Summary of Brant Community Healthcare System Services

Our Quality Improvement Plan Goals & Actions

Theme	Indicator	Current Performance	2023/2024 Target
Patient-Centered	Patient Experience Metric: % of respondents who responded “completely” to the following question: “During this hospital stay, did you get all the information you needed about your condition and treatment?”	52.6% (NRC 2021-2022)	>=57.6%
Timely	Time to Inpatient Bed	34.9 hours (March YTD)	<=28 hours
Effective	Wait Time for Counselling Initial Assessment	64 days (median YTD)	<=45 days (median)
Safe	Hospital Acquired Pressure Injury	N/A	Collect Baseline
	Workplace Violence Metric	78 (March YTD)	>=100

Table 2.0: Summary of 2023-2024 QIP Goals

Goal 1: Improving Patient Experience

Quality Dimension: Patient-Centered

Indicator Description: % of respondents who responded “completely” to the following question on the CPES inpatient survey: “During this hospital stay, did you get all the information you needed about your condition and treatment?”

Aim Statement: By March 31st 2024, BCHS will utilize the consistent standard application of the patient experience bundle to improve communication with patients and families from 52.6% to >=57.6% (5% improvement).

Target Justification: We are targeting a 5% improvement as we believe our patient communication improvement tactics will drive an increase in performance. A target of 57.6% is 3% below the Ontario Community Hospital Average.

Improvement Actions:

- Continue with implementing the patient experience bundle and embedding into standard practice.
- Introduction of Bedside Shift Reporting.
- Implementation of the new Qualtrics Patient Experience Surveys.
- Implementation and Education of Patient and Family Centered Care Framework.

Goal 2: Reducing Wait Times and Length of Stay in the Emergency Department

Quality Dimension: Timely

Indicator Description: This indicator measures the time interval between the Disposition Date/Time (as determined by the main service provider) and the Date/Time Patient Left Emergency Department (ED) for admission to an inpatient bed or operating room.

Aim Statement: Through March 31, 2024, BCHS will improve the wait times in the Emergency Department for admitted patients from our current performance of 34.4 hours to align with the provincial average of 28 hours.

Target Justification: With an increase in patient volume and continued isolation burden within the organization, efforts will be made within the organization to improve the inpatient length of stay and streamline admission processes to decrease the amount of time admitted patients wait for transfer to an inpatient bed.

Improvement Actions:

- Improve communication between the interdisciplinary team and the patient (and/or their representative) to support timely discharge/transition.
- Standardize admission and discharge processes.
- Standardize the process for proactive identification of discharge/transition needs including the assessment and transfer of patients to post-acute programs.

Goal 3: Reducing Wait Time for Counselling Initial Assessment**Quality Dimension:** Effective**Indicator Description:** Median number of days waited for counselling initial assessment (referral to initial visit/assessment).**Aim Statement:** By March 2024, the BCHS Mental Health Program aims to improve access to initial counselling assessments by decreasing days spent waiting by 19 days (30% improvement).**Target Justification:** With a change in service model, we expect to see a steady improvement as employee comfort and familiarity level with new counselling model solidifies.**Improvement Actions:**

- Implement Solution Focused Brief Therapy (SFBT) Counselling Model.
- Implement walk in counselling model.

Goal 4: Reducing Hospital Acquired Pressure Injuries**Quality Dimension:** Safe**Indicator Description:** This indicator measures the percentage of inpatients who experience a hospital acquired pressure injury.**Aim Statement:** In 2023/24, BCHS will work to better understand our current state for hospital-acquired pressure injuries and re-establish the wound care team to support the standardization of our approach to pressure injury prevention.**Target Justification:** Our current data source does not provide clarity on pre-existing versus hospital-acquired pressure injuries, therefore, we will focus on collected baseline data.**Improvement Actions:**

- Enhance the interventions in Meditech to support the documentation of skin assessment and wound presence on admission to hospital.
- Improve organizational access to reliable wound care resources to support accurate skin assessment and wound care management, including identification of pressure injury risk.

Goal 5: Prevention of Workplace Violence**Quality Dimension:** Safe**Indicator Description:** This Indicator measures the number of workplace violence incidents reported by hospital workers within a 12-month period.**Aim Statement:** To improve workplace violence reporting, BCHS aims to attain 100 incident reports submitted hospital staff by March 31, 2024.**Target Justification:** This continues to be a monitoring indicator internally, with a soft target. We are not aiming to increase incidents; instead we are aiming to increase reporting of them. This change idea is focused on improving our reporting culture.*

***Note** - effective April 2023, the workplace violence definition will change to exclude Respectful Workplace events therefore 2023/24 will differ from previous years.

Improvement Actions:

- Improve Access to Parklane.
- Build staff knowledge and awareness.

Patient/Client/Resident Engagement and Partnering

BCHS has established a Patient and Family Advisory (PFA) Program to enable the community and patients and families to assist us in the co-design of our services. Patient and Family Advisors assist us in the design of key processes that impact patients in the hospital.

This QIP was presented to the CEO's Patient Family Advisory Committee to solicit input on whether:

- The goals and planned improvement initiatives selected address key patient concerns;
- Our incremental approach to target setting was reasonable given our current environment; and,
- How best to communicate this plan and our progress externally.

Provider Experience

At BCBS, we continue to prioritize the provider experience, as we know caring for those who care for others is essential to ensure we are providing high-quality and safe care to patients.

Throughout the fall of 2022, we engaged our staff through "Fireside Chats" with our Vice President Clinical Services and Chief Nurse Executive, and our Chief Human Resources Officer. This forum provided a direct line between frontline staff and senior leadership, so that we could create a safe space for staff to share how we can collectively improve the provider experience, and subsequently the patient experience, at BCBS. From these consultations, we formed a Staffing Sustainability and Improvement Committee that focuses on implementing action items that have emerged from this feedback on an ongoing basis.

A key theme that emerged from the Fireside Chats was the need for Senior Leadership visibility at the frontline. As a result, we have implemented the Huron Group model of Senior Leader Rounding, where our Executive Leadership Team engages weekly directly with frontline staff to learn how we can identify opportunities for improvement and support health care workers.

In the development of this year's QIP, managers, directors, and physicians leaders had a comprehensive opportunity to craft the planned improvement initiatives with support from administration.

The structure of this engagement included the establishment of a QIP working group that involved an inter-disciplinary team of professionals that assessed previous BCBS QIPs; examined the QIPs of peer hospitals within our region and across Ontario; and, selected a set of goals and planned improvement initiatives that matched the clinical practices of our physicians and staff. This working group also examined the data and selected metrics we will focus on and the targets we aim to achieve. The work of the group was shared with all managers and staff through a variety of forums including Town Halls and the Quality & Operations Committee.

Workplace Violence Prevention

A health system with a culture of quality creates the conditions for staff to thrive, and ensuring their safety is one element of this. By addressing violence and incivility in our organizations, we will be creating safer environments for our workers and improving patient care. As a result, workplace violence prevention, training and reporting remain a critical focus within our 2023-2024 QIP.

Patient Safety

To help support quality improvement, enhance a safe and just culture, and improve the success of incident analysis, there are many processes in place at BCBS to learn from patient safety incidents.

- Program-level Quality Councils implemented across the organization.
- Daily Quality & Safety Huddles across the organization.
- Implementing the Patient Experience Bundle which includes the use of the AIDET model of communication, patient communication boards and clinical leader rounding on patients.
- Sharing of Patient Safety Learning Stories: summarizing the learning and actions from incident analyses.
- Sharing of Patient Stories: using storytelling to drive change and fuel action.
- Recently updated to RL6 incident reporting system, ensuring reporting is easy/seamless for frontline staff.
- Refreshed Patient Safety and Incident Management Toolkit provides a set of resources that focuses on actions to take following patient safety incidents.

- Refreshed “Disclosure Toolkit” fostering a culture for disclosure that is supportive, respectful, honest, and transparent.
- Continuous “Pulse” Patient Safety Culture Survey feedback mechanism.
- Recently launched BCHS “Quality Improvement Toolkit”.
- BCHS “Just Culture Toolkit”, which includes a transparent framework and policy.
- Ethics and Resilience Rounds.
- Medical Affairs Grand Rounds.

Health Equity

In BCHS’s 2020-2025 Strategic Plan, Championing Health Equity is identified as a key goal. Our specific key outcomes for this period include:

- Building and strengthening relationship with local Indigenous peoples and communities by developing partnership to provide navigation and a culturally safe environment.
- Providing staff, physicians and volunteers with cultural safety and diversity, inclusion and anti-racism training.
- Improving care for identified populations including children, seniors, and those living with mental health and addictions issues.

Health Equality means that everyone who comes to BCHS has access to the same health services no matter who they are and where they live. Our 2023-2024 QIP goals recognize that when patients come to us for care, we are serving some of the most vulnerable people in our communities. As such, goals such as those outlined are aimed at improving access, providing education, empowering patients to select treatments best suited for them, and connecting patients with social services that are important to help prevent illness as well as treat.

To learn about our progress on these goals, visit our website at www.bchsys.org.

- [Indigenous Health Services](#)
- [Geriatric Medicine Service](#)
- [2020-2021 Annual Report](#)
- [2021-2022 Annual Report](#)

Executive Compensation

As the Brant Community Healthcare System Board of Directors is currently in the process of recruiting a new President and Chief Executive Officer, executive compensation will be determined by the Board of Directors at a later time when a successful candidate has been secured.

Contact Information

If you have any questions, comments or concerns about our QIP or the hospital in general you can reach at us at the following contact points:

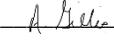
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You can also learn more about us at our website at: www.bchsys.org or follow us on social media.

Sign-off

I have reviewed and approved our organization’s Quality Improvement Plan

Board Chair 
 Board Quality Committee Chair Click here to enter text. 
 Chief Executive Officer 